Not long after we begin medical school, many of us forget how to really see what is right before us. We learn to focus on the facts and what is happening inside the body so intently that we often ignore what is staring us in the face. We are given tables upon tables of facts to memorize, including some that must be learned without knowing why. This is not simply memorization for its own sake. It is a consequence of the frustrating but beautiful fact that, as physicians and scientists, we may not know everything, but we do know that many such tables and algorithms save lives. In medical school, we spend endless hours learning the sciences, but in doing so, we sometimes lose a sense of the humanity in both ourselves, and our patients. Standing in front of a patient with an irregular patch covering half his face, we are left debating whether he has a heart murmur. For this reason, it surprises me that not all US medical schools have incorporated medical humanities into their curricula.

Before I began medical school, I was engrossed in and in touch with my own sensations. I remember wanting to drink in the world in the same way I would savor a cup of coffee. I went to Italy for an art history program during high school, and beyond the music and beautiful paintings, I remember closing my eyes and trying to memorize how the stones of a Florentine chapel felt as I touched them with the palm of my hand. As a ballet dancer and choreographer, I saw a piece come together from small gestures. As an opera singer, I saw an aria take form from a string of notes. In my admissions essay for Stanford, I compared a luminous photograph of cancer cells to Van Gogh’s Starry Night. As I had with the little smudges and dots of paint on Van Gogh’s canvas, I loved seeing the world being formed from its smallest components. It was impossible for me to see myself without sensing each of my individual facets—the learner, the scientist, and most importantly, the artist.

But as I moved through my training to become a scientist and physician, I lost my way as an artist. My days blended into one another with never-ending work. With my intense involvement in medical school, I was not aware of the parts of myself that I was losing as I was focusing on others.

At Yale School of Medicine, we are privileged to have workshops in medical humanities and medical ethics. All first-year students spend an
afternoon at Yale’s Center for British Art for an Observation Skills Workshop taught by Dr. Irwin Braverman, a legend in the world of dermatology. We are given a simple task: “look at this painting and tell me what you see.” One of my classmates looked at the painting and said, “Well, it looks like people are trying to leave the ship on a little boat – maybe there are pirates?” “No,” replied Dr. Braverman. “Describe what you see, not what you interpret that you see.”

I stood in front of J. M. W. Turner’s 1818 work, Dort or Dordrecht: The Dort Packet-Boat from Rotterdam Be calmed (Figure 1), at a loss for words, an unusual situation for me. I am an enthusiastic student with the potentially annoying habit of always sitting in the front row with my hand up. I often try to restrain myself, but restraint only extends so far. In this instance, my lips were frozen. As a first-year medical student, my days were filled with cadavers and textbooks. I was learning about humans by studying physiology, anatomy, and microbiology, but at this moment, I could not do a most human thing: articulate what I was looking at.

What did I see? In recesses of my mind that I had not used in the past year, I realized that I knew exactly what I saw: a large vessel flooded with people, with passengers spilling onto a smaller

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boat. A massive shadow of the boat in the calm waters. A vast sky with trickled and swirling clouds above. Other boats and a city in the distance. One woman with a look of surprise and another in the middle of a laugh. A large straw hat covering a man’s face and a turban framing another’s. A bird diving into the water.

Later in the workshop, we put our new observation skills to work as we compared images of neurofibromatosis and McCune Albright Syndrome. The café au lait spots were almost identical, but by being attuned to the smallest details, we learned to distinguish the two. That afternoon, through the seemingly infinite variety of tiny details portrayed in Turner’s painting, I saw the immensity of his world – and of my own.

I have since learned that one of the most important tools a physician possesses is her eyes. Many systemic diseases have dermatological manifestations. An internal medicine physician can diagnose liver disease and its severity based on icteric skin and spider angiomas. A particular cutaneous eruption can even signal to a physician that the patient may have an underlying and undiagnosed cancer. Indeed, Dr. Braverman’s 1970 book, Skin Signs of Systemic Disease², elaborates upon this fact and continues to be broadly used.

When I began my third-year clerkships, I couldn’t help but look at patients somewhat differently. I not only listened to their hearts and lungs, but I also asked myself, “What do you see?” More often than not, something important was hiding – perhaps beneath a piece of clothing. The largest organ in the body, the skin, is often overlooked. I now realize how extraordinary it is to use my eyes with mindfulness and intensity to see an entire organ and propose a differential diagnosis. And it is even more extraordinary to look at a piece of skin through a microscope and make a definitive diagnosis.

When I began medical school, I was looking for truth based on facts. I still do, but more recently, I try to avoid immersing myself in books all of the time. As when I was applying to college a decade prior, I still see Van Gogh’s sky in the leukemic blood cells I now research. Whether in the clinic or the lab, I love being able to see disease and the impact that I am having on the patient’s life. Beyond dealing with one patient’s diseases, when I notice a withdrawn expression or a slumped body, I see her sorrow. When I observe a child whose body is speckled with hundreds of neurofibromas, I feel her embarrassment. When I note that her best friend will not touch her, I see her loneliness. By truly looking at our patients, we realize that they are so much more than patients – they are people with their own life stories and emotions that affect their experience with the world of medicine. By seeing our patients, we can often go beyond diagnosing and treating: we can connect with our patients in a profound way, thereby reaching healing--the pinnacle of medical practice.

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1. Turner JMW: Dort or Dordrecht: The Dort packet-boat from Rotterdam becalmed. In: Book Dort or Dordrecht: The Dort packet-boat from Rotterdam becalmed. City; 1818.